

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10820193** FILING DATE **04-06-04**
 APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		4				
9						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						